

**FLORIDA TITLE XXI PROGRAM &
TITLE XXI AMENDMENT FACT SHEET**

Name of Plan:	Florida KidCare Program
Date Plan Submitted:	December 4, 1997
Date Plan Approved:	March 6, 1998
Effective Date:	April 4, 1998
Date Amendment #1 Submitted:	July 17, 1998
Date Amendment #1 Approved:	September 8, 1998
Date Amendment #1 Effective:	July 1, 1998
Date Amendment #2 Submitted:	December 2, 1998
Date Amendment #2 Disapproved:	November 5, 1999
Date Amendment #3 Submitted:	December 27, 1999
Date Amendment #3 Approved:	March 31, 2000
Date Amendment #3 Effective:	October 1, 1999
Date Amendment #4 Submitted:	August 14, 2000
Date Amendment #4 Approved:	November 8, 2000
Date Amendment #4 Effective:	July 1, 2000
Date Amendment #5 Submitted:	March 26, 2001
Date Amendment #5 Approved:	June 7, 2001
Date Amendment #5 Effective:	February 1, 2001
Date Amendment #6 Submitted:	September 29, 2002
Date Amendment #6 Withdrawn:	October 10, 2002
Date Amendment #7 Submitted:	July 29, 2002
Date Amendment #7 Approved:	October 22, 2002
Date Amendment #7 Effective:	July 1, 2002
Date Amendment #8 Submitted:	July 2, 2002
Date Amendment #8 Approved:	February 7, 2002
Date Amendment #9 Submitted:	August 15, 2003
Date Amendment #9 Approved:	February 13, 2004
Date Amendment #9 Effective:	July 1, 2003 & December 1, 2003
Date Amendment #10 Submitted:	August 27, 2003
Date Amendment #10 Approved:	March 11, 2004
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Date Amendment #11 Submitted:	April 1, 2004
Date Amendment #11 Withdrawn:	April 10, 2006
Date Amendment #12 Submitted:	June 29, 2004
Date Amendment #12 Approved:	September 27, 2004
Date Amendment #12 Effective:	April 1, 2004 and July 1, 2004
Date Amendment #13 Submitted:	October 29, 2004
Date Amendment #13 Approved:	January 26, 2005
Date Amendment #13 Effective:	July 1, 2004
Date Amendment #14 Submitted:	December 2, 2004
Date Amendment #14 Approved:	February 23, 2005
Date Amendment #14 Effective:	September 1, 2004
Date Amendment #15 Submitted:	February 22, 2005
Date Amendment #15 Approved:	May 11, 2005
Date Amendment #15 Effective:	December 21, 2004
Date Amendment #16 Submitted:	August 11, 2005
Date Amendment #16 Approved:	November 10, 2005
Date Amendment #16 Effective:	June 1, 2005
Date Amendment #17 Submitted:	October 27, 2006
Date Amendment #17 Approved:	January 18, 2007
Date Amendment #17 Effective:	October 1, 2006

Background

- Florida's Title XXI plan was approved on March 6, 1998. This combination plan expanded Medicaid coverage to children ages 15 through 19 in families with incomes from 28 percent to 100 percent of the Federal Poverty Level (FPL) and expanded the existing Healthy Kids program, which provides coverage for children in families up to 185 percent of the FPL, to additional counties throughout the State.

Amendments

- Florida submitted its first State Plan Amendment on July 17, 1998, to expand eligibility for Healthy Kids to children in families up to 200 percent of the FPL, and add the MediKids program and the Children's Medical Services Network (CMSN).
- The State submitted its second amendment on December 2, 1998, to provide premium assistance to cover children through employer-sponsored coverage, which was disapproved. This amendment was disapproved because the minimum employer contribution proposed by the State did not comply with the criterion that was discussed in the Department's February 13, 1998, letter to State officials.

- Florida submitted a third amendment on December 27, 1999, to implement a dental pilot in two counties. The pilot began on October 1, 1999, in Palm Beach and Dade counties and added a minimum dental benefit to the benefit package for Florida Healthy Kids enrollees in those counties.
- The State submitted its fourth amendment August 14, 2000, to expand Medicaid coverage to children under age 1 with family income from 185 to 200 percent of the FPL and eliminate coverage for this group under MediKids and the Title XXI CMS Network. Children under age 1 who were enrolled in these other programs were converted to the Medicaid expansion.

The amendment also implemented mandatory assignment in the MediKids program for children whose families did not choose a managed care provider within 10 days of receiving a choice-counseling letter.

- The State submitted its fifth amendment on March 26, 2001, to implement a comprehensive dental program for the Florida Healthy Kids Program for counties contributing at least \$4,000 annually in local match funds, effective February 1, 2001. A staggered implementation of this program to eligible counties began February 1, 2001. The dental program was available in all eligible counties.
- The State submitted its sixth amendment on September 29, 2002. This amendment was withdrawn October 10, 2002.
- Florida submitted its seventh amendment on July 29, 2002, to implement a school-based health services initiative under the State's 10 percent administrative cap. Services included:
 - Health screening, referral and clinical follow-up of health problems.
 - Medical supervision and coordination for pregnant and parenting students.
 - Home visits and assistance with administering medications.
 - Transportation assistance for health care visits or application for programs such as Florida KidCare.
 - Health education within schools.
 - Identification of health and safety concerns in the school environment.
- Florida submitted its eighth amendment on July 2, 2002, to update its State Plan to indicate compliance with the final SCHIP regulations.
- On August 15, 2003, Florida submitted its ninth amendment, to increase monthly family premiums from \$15 to \$20 for families with income from 151 to 200 percent of the FPL, increase co-payments and establish a \$750 annual dental cap for children enrolled in the Healthy Kids component of KidCare. The amendment also revised Florida's previously approved waiting list. Children enrolled in the Medicaid program and the SCHIP Medicaid expansion program applying to the separate child health program were subject to the waiting list as all other children applying to Florida KidCare. Previously, these children were allowed to transfer automatically between program components. Families disenrolled for not paying premiums were required to wait for 6 months before reenrolling.

- Florida submitted its tenth amendment on August 27, 2003. The tenth amendment revised the State's benefit package and allowed the State to extend the Partners in Care (PIC) program to a limited number of enrollees with life-threatening conditions who were at risk of death prior to the age of 21 in eight pilot regions. Florida's proposed PIC benefit package included case management, pain and symptom control, respite, counseling, expressive therapies, in-home nursing and personal care. The proposed benefit package was identical to the benefit package described in Florida's Medicaid section 1115 waiver application to the Centers for Medicare and Medicaid services to implement PIC for Title XIX enrollees.
- Florida's eleventh amendment was submitted April 1, 2004, to change the source of State funding for Title XXI Federal match. Under this amendment, donations from the Winter Park Health Care Foundation and the Orange County Government would be used as State match to exempt additional children in Orange County from the State enrollment cap. This amendment was withdrawn by the State on April 10, 2006.
- On June 29, 2004, Florida submitted its twelfth amendment. This amendment allowed Florida to provide enrollees with 12 months of continuous eligibility rather than 6; changed the State's enrollment cap and waiting list provisions; changed proof of income and employer-sponsored coverage requirements at application and renewal; denied eligibility upon evidence of access to private coverage; provided authority to cap enrollment in each KidCare component if budget limitations are exceeded; provided the State with the authority to disenroll children if the program exceeded budget limitations; exempted enrollees in CMSN from potential disenrollments and enrollment caps; and provided 120 emergency slots annually in addition to open enrollment for CMSN-eligible children.
- On October 29, 2004, Florida submitted its thirteenth amendment. This amendment decreased the time individuals were disenrolled for nonpayment of premiums from 6 months to 60 days. It allowed the State to provide Expedited Application Services for You (EASY) KidCare applications outside of open enrollment periods for Title XXI to children who were disenrolled from Title XIX because of increased income or age. It also transferred the hotline from the Agency for Health Care Administration to the Florida Healthy Kids Corporation.

--The SPA also allowed children who were disenrolled from Title XIX on or after March 12, 2004, because of increased income or age to apply using EASY for prospective Title XXI coverage outside of an open enrollment period. Because the State had reached its enrollment limit at that time, children disenrolling from Medicaid were not allowed to apply automatically for Title XXI.

- Florida's fourteenth amendment was submitted December 2, 2004, to provide relief from KidCare premiums for 3 months (September, October and November) because of the disruption caused by the four hurricanes that hit the State this year.

- Florida's fifteenth amendment was submitted February 22, 2005, and reduced the income verification requirement for families. Applicants were required to provide a copy of the most recent Federal income tax return, or, if that was unavailable, wages and earnings statements, W-2 forms, or other appropriate documents. Previously, applicants were required to submit the prior year's tax return and W-2 forms, and the prior month's pay stubs.
- Florida's sixteenth amendment was submitted August 11, 2005. This amendment: replaced two annual open enrollment periods with year-round continuous enrollment until the enrollment ceiling (determined by available funds) was reached; provided that the Florida KidCare application is valid for a period of 120 days after the date received; eliminated the 120 emergency slots for Children's Medical Services Network; allocated up to \$40,000 in additional State school outreach funds; and, capped the dental premium rate for the Healthy Kids program at not more than \$12 per member per month.
- Florida's seventeenth amendment was submitted October 27, 2006. The State submitted this amendment to provide operational details on several current policies or procedures in the State's program. Specifically, this amendment details the dates on which 12-month continuous coverage begins and ends and the triggers for an eligibility review, such as a decrease in family income, for all children in the program; specifies the effective dates for enrollees' premium payments and when eligibility would be terminated for enrollees who are no longer program-eligible; specifies the timeframes for the eligibility renewal process for enrollees; and specifies the timeframes for provision of information by, and notice of decision to, providers and enrollees who have filed a grievance. The amendment also updates outreach information, to include the State-funded \$1,000,000 in matching grants for community-based organizations that was provided by the State legislature on July 1, 2006. This is a non-recurring allocation. The State will not seek Federal matching funds for the \$1,000,000 and, therefore, there is no impact on the Federal share.

Overview of Florida KidCare

Florida KidCare has four components:

- Medicaid expansion. Florida's Medicaid expansion covers infants under age 1 with family income from 185 to 200 percent of the FPL. The Medicaid expansion program also covered children who were born after September 30, 1983, from 28 to 100 percent of the FPL, until they aged out in October 2002.
- Healthy Kids (a separate child health program). KidCare extended the existing Florida Healthy Kids program to all counties throughout the State, with modifications designed to meet the requirements of the Title XXI legislation. Healthy Kids is a school-based health insurance program that covers children ages 5 through 18 with family income above the Medicaid income threshold (133 percent of the FPL for children age 5 and 100 percent of the FPL for children age 6 and older). There are no income limitations for participation, but Title XXI subsidizes premiums only for children at or below 200 percent of the FPL.

- MediKids (a separate child health program). This program covers children ages 1 through 4 with family income from 133 to 200 percent of the FPL. MediKids was created to provide coverage to the non-school age children that the Healthy Kids program does not cover. MediKids is a Medicaid look-alike program and provides the Medicaid benefit package. It has periodic open enrollment periods.
- Children's Medical Services Network (CMSN). CMSN covers children ages 0 through 18 with special health care needs in families with income below 200 percent of the FPL. CMS allows children to have specialists as their primary care doctor without special authorization. CMSN also covers children enrolled in Medicaid.
- A limited number of CMSN enrollees with life-threatening conditions will be enrolled in the PIC program in eight pilot regions upon certification by a primary care physician that the child's condition could result in death prior to the age of 21 years and that the child and the child's family or caregiver could benefit from PIC support services.

Children Covered Under the Program

- The State reported that 303,595 children were ever enrolled in SCHIP in FFY 2006.

Administration

- The Agency for Health Care Administration is Florida's designated single State agency for the Title XIX program.
- The Healthy Kids, MediKids and CMSN programs are administered by the legislatively created Florida Healthy Kids Corporation, a not-for-profit organization that operates subject to the supervision and approval of a board of directors, is chaired by the Insurance Commissioner or his designee, and is composed of 12 other members.

Health Care Delivery System

- Florida Healthy Kids services are delivered through State-licensed managed health plans that meet the requirements of the Department of Insurance and the Agency for Health Care Administration. These health plans are responsible for developing service delivery networks, claims processing, and payment and risk assumption.
- A child that is eligible for MediKids has a choice between a Medicaid-participating HMO and MediPass, Florida's primary care case management program.
- The CMSN providers are the same providers as those who serve Medicaid children under the MediPass option for children with special health care needs. CMSN contracts with providers to offer a full range of services for these children. Families are offered a choice of primary care providers in the network.
- Enrollees are given a choice of three dental insurers. Enrollees not choosing an insurer are auto-assigned.

Benefit Package

- The Healthy Kids benefit package is the benefit package that existed prior to SCHIP that was cited in the Title XXI legislation as acceptable child health coverage. This benefit package includes a full range of inpatient and outpatient services. Limitations are placed on psychiatric, rehabilitation and physical therapy inpatient admissions; alcohol and drug services; chiropractic services; podiatry services; outpatient rehabilitation services; and, durable medical equipment and remedial devices.

Cost Sharing

- Premiums range from \$15 to a \$20 maximum per household.
- Copayments are required of children in Healthy Kids only. Copayments of \$5 are charged for prescription drugs, physician visits, outpatient behavioral health, hospice and home health visits, and physical, occupational and speech therapy sessions. Enrollees also pay copayments of \$10 for inappropriate emergency room visits, emergency transportation, and prescription eyeglasses.
- The plan indicates that cost and utilization rates will be monitored on a quarterly basis to ensure that costs do not exceed the 5 percent maximum. Families are responsible for tracking cost sharing and requesting an exemption from cost sharing. Families that exceed the cap receive a letter from the State telling them that they are no longer responsible for cost sharing.

Coordination between SCHIP and Medicaid

- An automated matching system verifies that no applicant is enrolled currently in the Title XIX program prior to enrollment in a Florida KidCare separate child health program.
- The Healthy Kids Corporation also screens all KidCare applications for Title XIX eligibility. Children who appear eligible are processed for Title XIX eligibility by Department of Children and Families eligibility specialists.

State Action to Avoid Crowd Out

- The KidCare Program requires that children are uninsured at the time of application and that they do not have access to private health insurance coverage. The State conducts studies of the Healthy Kid's program's impact on crowd out.

Outreach Activities

- Florida KidCare conducts outreach to potential KidCare enrollees using a toll-free hotline and a website (www.FloridaKidCare.org). KidCare outreach involves the participation of providers and community members, including schools, county health departments and

community health centers, Healthy Start Coalitions and child care providers.

- Effective July 1, 2004, the toll-free hotline was transferred from the Agency for Health Care Administration to the Florida Healthy Kids Corporation.
- Effective October 1, 2006, the program received an additional \$1,000,000 in State funds for matching grants for community-based organizations performing outreach activities targeted to underserved populations. This is a non-recurring allocation. The State will not seek Federal matching funds for the \$1,000,000 and, therefore, there is no impact on the Federal share.

Financial Information

Total FFY '07 SCHIP Allotment--\$296,066,768
FFY '07 Enhanced Federal Matching Rate--71.13%

Date last updated: CMS, CMSO, FCHPG, DSCHI: April 12, 2007